

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105514

Entity Name: RILEY, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

2339 9TH STREET NORTH
ST PETERSBURG, FL 33704

New Principal Place of Business:

2339 DR. MLK JR. ST. N.
ST PETERSBURG, FL 33704

Current Mailing Address:

2339 9TH STREET NORTH
ST PETERSBURG, FL 33704

New Mailing Address:

2339 DR. MLK JR. ST. N.
ST PETERSBURG, FL 33704

FEI Number: 59-3613494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, JAMES A ESQ
540 4TH STREET NORTH
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ST. AMANT, LINDA
Address: 2339 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33704

Title: VP () Delete
Name: ST AMANT, DAVID
Address: 2339 9TH NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ST. AMANT

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date